



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

February 2, 2016

Administrator
New Horizon Senior Citizen Home
1745 Forest Drive
Inverness, FL 34453

RE: CCR #2015011486

Dear Administrator:

This letter reports the findings of a complaint survey completed on January 21, 2016 by a representative of this office.

Enclosed is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

The *Quality Assurance Questionnaire* has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions, please contact this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

BJK1



**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 02/02/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910625	(X3) DATE SURVEY COMPLETED 01/21/2016
NAME OF PROVIDER OR SUPPLIER NEW HORIZON SENIOR CITIZEN HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1745 FOREST DRIVE INVERNESS, FL 34453	

**SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)**

0000 Initial Comments

On January 21, 2016 a complaint survey (CCR#2015011486) was conducted at New Horizon Assisted Living Facility at 1745 Forest Drive, Inverness, FL. No deficiencies were identified at the time of this survey.